



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Alternative Nursing Services	Region(s):	2
Agency Type:	Residential Habilitation	Survey Dates:	April 10-12, 2017
Certificate(s):	RHA-192-Kamiah RHA-193-Lewiston	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.302.05. 302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	<p>In review of agency documentation. For 1 of 2 participants, the record lacked documentation that the annual status review was submitted to the plan developer to be attached to the annual plan of service. For 1 of 2 participant files reviewed, the review showed no progress without changes to the program to elicit progress.</p> <p>For example: Participant 1's record lacks documentation of the annual status submitted to the Plan Developer, only documentation of the 6 month submitted to the Plan Developer. Agency corrected during survey. Participant 2's PSR has 0% with no changes to the programs.</p>	<p>1. The agency professional staff will review the identified PSR to confirm accurate goal achievement has been documented, in the event the percentages are correct the participates goal objectives not showing progress without changes will have the baselines with procedures revised with new base lines and procedures to assist in measureable progress. This will assist in ensuring that the semiannual and annual status reviews will reflect the status with documented progress.</p>	



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		<ol style="list-style-type: none"><i>The agency participant's PSR's will be reviewed on a bi-annual basis and all areas identified with lack of progress and documentation will be reviewed for potential revisions as needed this will ensure that this area of concern does not re-occur.</i><i>The above noted areas will be completed with-in 30 days of the accepted plan of correction.</i>	
16.04.17.400.02.f. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: f. Physician, dentist, and other health care providers. (7-1-95)	<p>For 2 of 2 participant records reviewed, there was no documentation of whether or not the participant had a dentist and, if so, who that is.</p> <p>For example: Participant 1's record lacks documentation of a dentist. Participant 2's record lacks documentation of a dentist.</p>	<ol style="list-style-type: none"><i>The agency has revised the "Participant Information" form to add an area to place both physician & dentist along with other health care professionals.</i><i>All participants will be contacted to update if and who their current providers are.</i>	4/27/2017



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		<p>3. <i>This will be completed with-in 30 day of the accepted plan of correction.</i></p> <p>4. <i>Please see attached new Client/Participant Information form Labeled A for your review.</i></p>	
16.04.17.400.02.o. 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: o. The plan of service including implementation plans maintained by the agency and data-based progress notes. (3-20-04)	<p>For 2 of 2 participant records reviewed, there was no progress achieved and no changes in the programming to elicit progress.</p> <p>For example: Participant 1's PSR lacks documentation for household chores, washing hands, laundry, new community activities, preparing recipes all show for 6-12 months 0% progress. Also, there are many other programs that show 100%, but no changes to programming.</p> <p>Participant 2's PSR has 0% progress for wants/needs to give to payee and objective keeping receipts with no changes to the programs.</p>	<p>1. <i>The agency will revise the participant goals task will be reduced into smaller phases to assist the participant in gaining progress in a shorter goal set.</i></p> <p>2. <i>The agency Developmental Specialist will reorient the D.D. Tech. in proper steps to reduced cueing levels with additional cueing to achieve a greater learning curve. This will assist in future documentation to show smaller progress success, rather than no progress in such a large goal.</i></p> <p>3. <i>The agency Developmental Specialist will review all participant records to ensure that the goals & base line objectives are showing progress; those</i></p>	5/31/2017



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		<i>found not to have progress achievement on base line goals will be revised into smaller objectives for the goals. 4. The agency participant records will be reviewed on a bi-annual basis and all areas noted with a 0% or 100% success rate objectives will be revised as needed to assist stronger base line objectives. The above areas will assist with ensuring the area of concern will not re-occur & will be completed with-in 30 day s of the accepted plan of correction.</i>	

Agency Representative & Title:

Kellie M. Frasier V.P. Operations/Administrator

** By entering my name and title, I agree to implement this plan of correction as stated above.*

Date Submitted: 4/28/2017

Department Representative & Title: Kimberly D. Cole, LSW

** By entering my name and title, I approve of this plan of correction as it is written on the date identified.*

Date Approved: 5/5/2017